

# ***The Commonwealth of Massachusetts***

Department of Public Health

## **APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX**

To the Board of Health of LEOMINSTER

In accordance with the provisions of section 65H of chapter 94 of the

General Laws, as most recently amended, and the regulations made thereunder, the undersigned applies for a license for the WHOLESALE/RETAIL manufacture of frozen desserts and or ice cream mix and submits the following information:

1. Full name of applicant \_\_\_\_\_

2. Business address \_\_\_\_\_  
\_\_\_\_\_

3. If applicant is an individual: Full name \_\_\_\_\_

Residence \_\_\_\_\_

3a. If applicant is a partnership, full name and residence of all partners:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3b. If applicant is a corporation: State of incorporation \_\_\_\_\_

Principal office \_\_\_\_\_

Full name and address of:

President \_\_\_\_\_

Treasurer \_\_\_\_\_

Clerk \_\_\_\_\_

4a. Location of Plants \_\_\_\_\_  
\_\_\_\_\_

**HEALTH DEPT.  
25 WEST STREET  
LEOMINSTER, MA. 01453**

(over)

5a . Names of brands and trade or corporation name, if any, under which the products are to be sold:

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6. Number and capacity of freezers \_\_\_\_\_

7. Is the mix purchased? \_\_\_\_\_ If so, from whom purchased \_\_\_\_\_

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8. Is the mix pasteurized or not? \_\_\_\_\_

9. Number of gallons of frozen desserts and/or ice cream mix to be sold in

Massachusetts during the licensing period \_\_\_\_\_ to \_\_\_\_\_

10. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts

during the previous licensing period \_\_\_\_\_

11. Is the plant constructed and equipped as provided in the regulations? \_\_\_\_\_

12. Is the water supply public or not? \_\_\_\_\_

13. Have you received a copy of the regulations: \_\_\_\_\_

I hereby certify that the frozen desserts and/or ice cream mix I sell In  
Massachusetts will be manufactured in compliance with all laws of the  
Commonwealth of Massachusetts pertaining thereto and all rules and regulations  
promulgated by the Massachusetts Department of Public Health made thereunder  
and will be manufactured under sanitary conditions. I attest that the information  
stated in this application is true and accurate under the pains and penalties of  
perjury.

\_\_\_\_\_  
(Company owner/officer's signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City of Town)